2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006872

Entity Name: TIME WARNER INC.

Current Principal Place of Business:

ONE TIME WARNER CENTER NEW YORK, NY 10019

Current Mailing Address:

ONE TIME WARNER CENTER C/O JANICE CANNON, 14TH FLOOR LEGAL NEW YORK, NY 10019

FEI Number: 13-4099534 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D/COB/CEO Title EVP/CFO

Name BEWKES, JEFFREY L Name AVERILL, HOWARD M

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title EVP/GC Title SVP/DGC/CS

Name CAPPUCCIO, PAUL T Name WASHINGTON, PAUL F

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title SVP/DGC Title SVP/DGC

Name KARICKHOFF, BRENDA C Name PHILLIPS, DOUGLAS S

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY Title DIRECTOR

Name KANE, ROBERT K Name BARKSDALE, JAMES L

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS S. PHILLIPS

SENIOR VICE PRESIDENT 04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 26, 2017

Secretary of State

CC2384404181

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BARR, WILLIAM P Name CLARK, ROBERT C

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title DIRECTOR Title DIRECTOR

Name DOPFNER, MATHIAS Name EINHORN, JESSICA P

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title DIRECTOR Title DIRECTOR

Name GUTIERREZ, CARLOS Name HASSAN, FRED

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019

Title DIRECTOR Title DIRECTOR

Name WACHTER, PAUL Name WRIGHT, DEBORAH C

Address ONE TIME WARNER CENTER Address ONE TIME WARNER CENTER

City-State-Zip: NEW YORK NY 10019 City-State-Zip: NEW YORK NY 10019